

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2089AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2009
NAME OF PROVIDER OR SUPPLIER THE PLAZA AT SUN MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 6031 WEST CHYENNE AVE LAS VEGAS, NV 89108		
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Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure conducted at your facility on 7/14/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 150 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, 50 beds Category I residents, 100 beds Category II residents. The census at the time of the survey was 63 residents. Fourteen files were reviewed and eleven employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. There were no complaints investigated. The following deficiencies were identified:	Y 000	8/11/09 <i>Suzi Beer</i> <i>Acceptable POC</i>	
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This RULE: is not met as evidenced by:	Y 070 ✓	Y070 ✓ a. The following courses have been completed and/or scheduled before 8/16/09 and are mandatory to all care-giving staff: Infection Control; Safety in the Workplace; Dining Room Procedures; Recognizing Dementia; and Understanding Diabetes. (Sign-Up Sheets attached) b. Admin and/or designee to monitor quarterly staff training completion and ongoing. Documentation of training is housed in employee education binders. c. 8/16/09	RECEIVED AUG 06 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA <i>SB</i> <i>8/6/09</i>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Y 070	Continued From Page 1 Based on record review on 7/14/09, the facility failed to ensure 10 of 11 caregivers received eight hours of annual training (Employee #1, #3, #4, #5, #6, #7, #8, #9, #10 and #11). Severity: 2 Scope: 3	Y 070	Y103 ✓ a. TB skin tests for #2, #5, #8 are attached. They were not housed properly. #6 had 1 st step repeated on 8/5/09. #11 had 1 step initiated on 7/28/09 and 2 nd step initiated on 8/5/09.	8/10/09
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This RULE: is not met as evidenced by: Based on record review on 7/14/09, the facility failed to ensure 5 of 11 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #2, #5, #6, #8 and #11). This was a repeat deficiency from the State 10/9/08 Licensure survey. Severity: 2 Scope: 3	Y 103 ✓	b. Admin or designee will conduct monthly audits to ensure TB's are current and housed correctly. b. 8/10/09	
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to	Y 105 ✓	Y105 ✓ a. Criminal History for employee #3, 4, 5, and 7 attached. Employee #6 has been received by the state (copy attached). #11 was mailed 8/4/09 certified mail (copy attached). Current criminal history checks were not housed correctly. b. Admin or designee will conduct monthly audits to ensure Criminal History and Background Checks are current and housed correctly. b. 8/10/09	8/11/09

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Y 105	Continued From Page 2 449.185, inclusive. This RULE: is not met as evidenced by: Based on record review on 7/14/09, the facility failed to ensure 6 of 11 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #3, #4, #5, #6, #7, and #11). Employee #3, #4, #6, and #7 failed to have a current state and FBI check. Employee #5 and #11 failed to have a signed criminal history statement, current state and FBI check, and fingerprints. This was a repeat of the 10/9/08 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 178 SS=C	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This RULE: is not met as evidenced by: Based on observation on 7/14/09, the facility failed to ensure the interior was maintained. Carpets in 5 sampled apartments, the dining room, hallway, and library required carpet cleaning. Based on observation in 2 of 2 common laundry rooms, the facility failed to ensure that lint and debris was removed from	Y 178 ✓	Y178 ✓ a. The Admin or designee have cleaned the areas noted. In addition, we had Chem Dry come in and do a full deep carpet cleaning in the dining room and the spots throughout that our extractor could not remove. Dryers were moved and lint cleaned out from behind (pictures attached). b. The Admin or designee will conduct bi-monthly building inspections (carpet, common areas, laundry rooms, etc.) to ensure future compliance and cleanliness. c. 8/3/09	SB 8/6/09

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Y 178	Continued From Page 3 behind the dryers. Severity: 1 Scope: 3	Y 178		
Y 273 SS=F	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This RULE: is not met as evidenced by: Based on observation and record review on 7/14/09, the facility failed to modify the menu for a special diet for X of X residents (Resident #4, #5, #6, #7, #9 & #11). Severity: 2 Scope: 3	Y 273 ✓	Y273 ✓ a. The Plaza at Sun Mountain does offer special diets for residents with physicians orders indicating their need. Those residents are given the choice(s) of what foods follow their diet and the resident is allowed to choose the food they wish to eat. A mandatory in-service was provided on 7-27-09 and 7-30-09 to educate all staff on the above. (Copies attached) b. All employees will be responsible for suggesting and guiding the residents with special diets on what foods would be appropriate. (See attached as supportive evidence regarding special diets from our vendor, Sysco.) The Admin or designee will continue in-servicing new staff on the education of special diets during new hire orientation. c. 7-30-09	8/11/09
Y 354 SS=D	449.222(4) Bathrooms and Toilet Facilities NAC 449.222 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. This RULE: is not met as evidenced by: Based on observation on 7/14/09, the facility failed to ensure the bathrooms were vented to	Y 354 ✓	Y354 ✓ a. The Admin or designee have repaired the ventilation fans in the noted three rooms. b. Admin or designee will do bi-monthly audits to ensure that ventilation is working properly. c. 7-31-09	8/11/09

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Y 354	Continued From Page 4 the outside in 3 of 13 sampled resident rooms (Room #194, #198, and #199). Severity: 2 Scope: 1	Y 354			
Y 693 SS=E	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	Y 693 ✓			

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Y 693	Continued From Page 5 This RULE: is not met as evidenced by: Based on observation on 7/14/09, the facility failed to ensure oxygen tanks were secured in a rack or to the wall in 3 of 9 resident rooms that utilized oxygen (bedroom #160, #163 and #137). Severity: 2 Scope: 2	Y 693	Y693 ✓ a. The Admin or designee has ensured that the noted resident's oxygen tanks are secured in a rack as of 7-21-09. b. The Admin or designee will do monthly audits to ensure that all residents with oxygen is stored correctly per regulation. c. 7-21-09	8/6/09
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This RULE: is not met as evidenced by: Based on record review and interview on 7/14/09, the facility failed to ensure 1 of 15 residents received medications as prescribed (Resident #5). This was a repeat deficiency from 6/8/09, 4/9/09	Y 878 ✓	Y878 ✓ a. The RCC has educated the Med Aids on State Regulations for providing medication management to facility residents in accordance with physicians orders. MD notified. Family notified. Continuous education provided (Copy attached). b. RCC and/or staff will monitor daily Medication changes and provide Education to the resident and Community staff ongoing. Admin or Designee will review the Health Service Review form weekly. c. 7-24-09	8/6/09

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Y 878	Continued From Page 6 & 10/9/08 State Licensure surveys. Severity: 2 Scope: 1	Y 878		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This RULE: is not met as evidenced by: Based on observation on 7/14/09, the facility failed to keep medications for 5 of 15 residents in a locked area (Resident #3, #5, #8, #10, and #11). Severity: 2 Scope: 3	Y 920 ✓	<p>Y920 ✓</p> <p>a. The Admin or designee shall purchase and install a lock and place on cabinet or drawer in each apartment so that medications can be stored per state regulations for the Assisted Living self- medicating residents. The Admin or designee will educate the importance of every resident (including retirement residents) of locking their medication inside their locked cabinet in their locked apartment. Resident to have their own key for their locking cabinet/drawer.</p> <p>b. Admin or designee to install locks in each resident's apartment. Ongoing education and reminders to residents and family members about storing medications per state guidelines</p> <p>c. 8-16-09</p>	SB 8/6/09

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Y 920	Continued From Page 7	Y 920		
Y 923 SS=D	<p>449.2748(3)(b) Medication Container</p> <p>NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.</p> <p>This RULE: is not met as evidenced by: Based on observation on 7/14/09, the facility failed to keep medications belonging to 1 of 15 residents in their original container (Resident #8).</p> <p>Severity: 2 Scope: 1</p>	Y 923 ✓	<p>Y923 ✓</p> <p>a. The admin or designee will educate all Med-Aids on the state regulations for storing medication in its original container until it is administered (along with the resident and the physician's name on the original container).</p> <p>a. Admin or designee provided an in-Service on 7-24-09 to educate all MA's on this regulation and audit all medication carts daily to ensure compliance.</p> <p>b. 7-24-09</p>	<p>8/6/09</p>

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